

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18788

State File No.

Registrar's No.

FILED JUN 10 1943 9 4

Registration District No.

Primary Registration District No.

3056

107

1. PLACE OF DEATH

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1029 S. Williams
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 25 years years, months or days)

3. (a) PRINT
FULL NAME

ROY BRADLEY

3. (b) If veteran,
name war

none

3. (c) Social Security
No. none

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Callie Bradley

6. (c) Age of husband or wife if
alive 47 years

7. Birth date of deceased Aug 12 - 1885

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

57 8 21

hr. min.

9. Birthplace

Randolph Co. Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation

Painter

11. Industry or business

MOTHER FATHER

12. Name Wright W. Bradley
13. Birthplace Randolph Co. Mo.
14. Maiden name Standa Jane Lewis
15. Birthplace Randolph Co. Mo.

(City, town, or county) (State or foreign country)

(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Callie Bradley

(City, town, or county) (State or foreign country)

(b) Address

504 Lymanade Moberly MO

(City or town) (County) (State)

17. (a)

(Burial, cremation, or removal)

Burial

(b) Date thereof May 5, 1943

(c) Place: burial or cremation

Moberly MO

(City or town) (County) (State)

18. (a) Signature of funeral director

None

(Specify type of place)

(b) Address

Moberly MO

(City or town) (County) (State)

19. (a)

5-5-43

(Date received local registrar)

(b) Signa Have

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Lymanade
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1943 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1940
to May 3d, 1943

that I last saw him alive on May 3d, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hyper tension
Heart disease

Duration 500 m

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place)

23. Signature J. O. Ash (M. D. or other)

Address Moberly Mo Date signed 5/5/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-43-1807

Date Filed JUN 8 JUN 18 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

R. M. Carter

Licensed Embalmer No.....

4117

P. O. Address.....

Proberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.